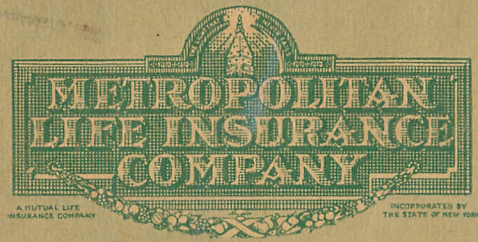
KEEP THIS BOOK IN GOOD ORDER
ALWAYS HAVE IT READY FOR THE AGENT

MONTHLY Premium Receipt Book



HOME OFFICE - NEW YORK
PACIFIC COAST HEAD OFFICE - SAN FRANCISCO
CANADIAN HEAD OFFICE - OTTAWA

NOTICE TO POLICYHOLDER

Premiums on the policy listed within are due the first day of each month, unless your policy states that premiums are due on a day other than the first of the month, in which event, that day of the month becomes the due date.

BE SAFE BY PAYING PREMIUMS WHEN DUE.

REMEMBER - Always state the policy number, name and address of District Office, and name or debit number of Agent, when making inquiries. For complete instructions, see next page.

CHANGE OF ADDRESS

If you change your address, send your complete new address at once to the District Office, to the Home Office at New York City, to the Pacific Coast Head Office at San Francisco, Calif., or to the Canadian Head Office at Ottawa, Canada.

PAYMENT OF PREMIUMS

Premiums are due the first day of each month, unless your policy states that premiums are due on a day other than the first of the month, in which case that day of the month becomes the due date. If the Agent does not call promptly to collect the premiums, send your premium with this book to the District Office, or to the Home Office of the Company at New York City. The Company also has Head Offices at San Francisco, Calif., and Ottawa, Canada, for policyholders who reside on the Pacific Coast or in Canada.

Checks, Drafts, or Money Orders should be drawn to the order of Metropolitan Life Insurance Company. Remittance made by check or draft is subject to the conditions (1) that such check or draft may be handled for collection in accordance with the practice of the collecting bank or banks, and (2) that such remittance shall not constitute payment and any receipt issued therefore shall be void unless the amount due is actually received by the Company.

Premiums must be entered in this Premium Receipt Book by an Authorized Agent, or they will not be credited by the Company.

Agents are prohibited from paying or advancing premiums for policyholders.

Monthly Premium Policies do not provide for any allowance to policyholders where premiums are paid at one of the Company's offices.

EFFECT OF FAILURE TO PAY PREMIUM

A policy on which the premium is not paid within 31 days from the due date of the premium will become forfeited and void, except as to the rights provided by law and in accordance with the terms of the policy.

BE SAFE AND PAY PREMIUMS WHEN DUE

REINSTATEMENT OF LAPSED POLICY

If your policy is lapsed, it may be reinstated in accordance with the provision of the policy relating to reinstatement. Full particulars may be obtained from any Agent or at the District Office of the Company.

DEATH CLAIM

In the event of the death of the Insured, the Claimant should promptly inform the District Office through which premium payments have been made, the Home Office at New York City, the Pacific Coast Head Office at San Francisco, Calif., or the Canadian Head Office at Ottawa, Canada. Pay nothing to any representative of the Company for preparation of claim papers. Deliver the policy only to the Company's representative. The Company is glad to pay upon satisfactory proof of death and there is no necessity for help or alleged influence in collecting.

It is not necessary to employ an attorney or any other person to collect the insurance under this policy, or to secure any of the benefits it provides.

PRIVILEGE OF VOTING FOR DIRECTORS

An election of Directors of the Company is held in New York on the second Tuesday in April of every odd-numbered year. After one year from the date of issue of any policy referred to in this Premium Receipt Book the holder of such policy, while it remains in force, will have a right to vote either in person or by proxy or by mail. For particulars as to how to vote, apply to the Secretary, 1 Madison Avenue, New York, N. Y.

Form **M.25**--Apr. 1936—PRINTED IN U.S.A.

IN THE EVENT OF DEATH, ANY PREMIUMS PAID IN ADVANCE WHICH COVER A PERIOD SUBSEQUENT TO THE POLICY MONTH WHEN DEATH OCCURRED WILL BE RETURNED.

Date Due	Monthly Premium	Date Received	On first line of each page or when a new Agent collects, sign full name and enter Debit Number; afterwards initials and Debit Number.	Debit No.
1940 Jan. 1	1 30	1-15	R Aoud	122
Feb. 1	1 30	2-19	JR	
Mar. 1	1 30	3-11	JR	122
Apr. 1	1 30	4-8	JR	
May 1	1 30	5-8	JR	122
June 1	1 30	6-10	JR	
July 1	1 30		JR	122
Aug. 1	1 30		JR	
Sept. 1	1 30	SEP 24 '40	Mrs Huber	1179
Oct. 1	1 30	OCT 16 '40	Mrs Huber	150
Nov. 1	1 30	NOV 12 '40	Mrs Huber	363
Dec. 1	1 30	DEC 14 '40	Mrs Huber	1141
1941 Jan. 1	1 30	JAN 7 '41	Mrs Huber	133
Feb. 1	1 30	FEB 14 '41	Mrs Huber	133
Mar. 1	1 30	3/20	Mrs Huber	133
Apr. 1	1 30	4/17	Mrs Huber	133
May 1	1 30	5/15	Mrs Huber	133
June 1	1 30	6/19	Mrs Huber 1364	
July 1	1 30	7/17	Mrs Huber 1364	
Aug. 1	1 30	AUG 19 '41	Mrs Huber	1364
Sept. 1	1 30	9/16	Mrs Huber	1364
Oct. 1	1 30	10/16	Mrs Huber	1364
Nov. 1	1 30	11/19	Mrs Huber	1364
Dec. 1	1 30	12/12	Mrs Huber	1364

DO NOT PAY PREMIUMS TO STRANGERS

Policy Number	Date of Issue
199742-MI	6-1-35

Name of Insured: VERNA HUBER

Monthly Premium	Debit No.	District Issued to
$ 1 30	136	TACOMA

INSTRUCTIONS TO POLICYHOLDER

When communicating with any office of the Company, always give policy number, name and address of District Office and name or debit number of Agent who last collected premiums; also state that the policy is a Monthly Premium Policy.

The record herein of a premium paid constitutes an official premium receipt when countersigned by the Agent or other authorized representative of the Company receiving the premium.

DO NOT PAY PREMIUMS TO STRANGERS

Harry A. Sinsabaugh
President.

1514 to Adams

DEBIT NUMBER OF AGENT AND NAME AND ADDRESS OF DISTRICT OFFICE

Debit No.	District Office Name	State
12	TACOMA	WASH.
	No. 605 Street Rust Bldg. City	
	District Office Name F. M. Cavanaugh Agt.	State
	No. Street City	
	District Office Name	State
	No. Street City	
	District Office Name	State
	No. Street City	

IN THE EVENT OF DEATH ANY PREMIUMS PAID IN ADVANCE WHICH COVER A PERIOD SUBSEQUENT TO THE POLICY MONTH WHEN DEATH OCCURRED WILL BE RETURNED.

BE SAFE AND PAY PREMIUMS WHEN DUE

Date Due	Monthly Premium	Date Received	On first line of each page or when a new Agent collects, sign full name and enter Debit Number; afterwards initials and Debit Number.	Debit No.
1936 Jan. 1				
Feb. 1				
Mar. 1				
Apr. 1				
May 1				
June 1				
July 1				
Aug. 1				
Sept. 1				
Oct. 1				
Nov. 1				
Dec. 1				
1937 Jan. 1	1 30	1/15	McCullough	136
Feb. 1	1 30	2/19	Mc C	136
Mar. 1	1 30	3/12	Mc C	136
Apr. 1	1 30	4/9	Mc C	136
May 1	1 30	5/7	Mc C	136
June 1	1 30	6/4	Mc C	136
July 1	1 30	7/	Mc C	136
Aug. 1	1 30	8/7	CBrook	172
Sept. 1	1 30	9-14	CBS	172
Oct. 1	1 30	10-11	CBS	172
Nov. 1	1 30	11-15	CBS	172
Dec. 1	1 30	12-8	CBS	172

DO NOT PAY PREMIUMS TO STRANGERS

Date Due	Monthly Premium	Date Received	On first line of each page or when a new Agent collects, sign full name and enter Debit Number; afterwards initials and Debit Number.	Debit No.
1938 Jan. 1	1 30	1-3	CBrook	172
Feb. 1	1 30	2-7	CBS	172
Mar. 1	1 30	3-5	CBS	172
Apr. 1	1 30	4-11	CBS	172
May 1	1 30	5-9	CBS	
June 1	1 30	6-6	Rosand	172
July 1	1 30	7-11	Rosand	172
Aug. 1	1 30	8-10	Rosand	172
Sept. 1	1 30	SEP 13 '38	Malik	172
Oct. 1	1 30	11-14	Rosand	172
Nov. 1	1 30	12-5	Rosand	172
Dec. 1	1 30	12-12	Rosand	172
1939 Jan. 1	1 30	1-10	Rosand	172
Feb. 1	1 30	FEB 20 '39	Nelson	610
Mar. 1	1 30	3-13	Rosand	172
Apr. 1	1 30	4-10	Rosand	
May 1	1 30	5-11	Rosand	172
June 1	1 30	6-12	Rosand	
July 1	1 30	7-	CBS	172
Aug. 1	1 30	8-	CBS	172
Sept. 1	1 30	SEP 6 '39	Malik	
Oct. 1	1 30	10-9	CBS	172
Nov. 1	1 30	11-3	CBS	
Dec. 1	1 30	12-11	CBS	172

DO NOT PAY PREMIUMS TO STRANGERS